07/31/2009 11:21

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### **FEC** FORM 3X

Χ

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND 330 WEST 42ND STREET, 7TH FLOOR ADDRESS (number and street) Check if different than previously **NEW YORK** NY 10036 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00348540 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 2 1 2009 06 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **KEVIN FINNEGAN** Type or Print Name of Treasurer Electronically Filed by **KEVIN FINNEGAN** 07 3 1 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

## SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 26

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

D <sup>®</sup>D 0 4 21 2009 0.6 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 822096.41 January 1 (b) Cash on Hand at 925671.70 Begining of Reporting Period ..... 1208522.32 3309476.17 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2134194.02 4131572.58 6(a) and 6(c) for Column B) ..... 1470711.47 3468090.03 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 663482.55 663482.55 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 396998.66 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 26

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From:

M M O 4 D D D Y Y W Y O 0 6 3 0 Y 2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	150.00	150.00
(ii) Unitemized	1208319.23	3309273.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1208469.23	3309423.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1208469.23	3309423.08
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	53.09	53.09
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1208522.32	3309476.17
Total Federal Receipts     (subtract Line 18(c) from Line 19)	1208522.32	3309476.17

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 26

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	b) Other Federal Operating	4400.00	00070.00
	Expenditures	4100.00	30279.00
	c) Total Operating Expenditures	4100.00	20070.00
	(add 21(a)(i), (a)(ii) and (b))	4100.00	30279.00
	Fransfers to Affiliated/Other Party Committees	1454985.00	1454985.00
	Contributions to	1434303.00	1434303.00
	Federal Candidates/Committees	0.00	0.00
	ndependent Expenditure		0.00
	use Schedule E)	10967.58	1982115.24
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
		0.00	0.00
6.	_oan Repayments Made	0.00	0.00
_	Mada	0.00	0.00
	oans Made	0.00	0.00
-	a) Individuals/Persons Other	185.00	201.10
	Than Political Committees	105.00	201.10
(	b) Political Party Committees	0.00	0.00
(	c) Other Political Committees		
	(such as PACs)	0.00	0.00
(	d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	185.00	201.10
9. (	Other Disbursements	473.89	509.69
•			
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(1) 1 6061 at 311 at 6		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1470711.47	3468090.03
2.	Total Federal Disbursements		
۷.			
۷.	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1470711.47	3468090.03

#### **DETAILED SUMMARY PAGE**

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	1208469.23	3309423.08
34.	Total Contribution Refunds (from Line 28(d))	185.00	201.10
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1208284.23	3309221.98
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4100.00	30279.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	4100.00	30279.00

FE6AN026

A.

FOR LINE NUMBER: PAGE 6/26 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND Full Name (Last, First, Middle Initial) MITRA BEHROOZI Date of Receipt Mailing Address 123 LINCOLN PLACE 0 5 31 2009 City State Zip Code Transaction ID: SA11AI.6822 **BROOKLYN** NY 11217 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. PAYROLL DEDUCTION Name of Employer NATIONAL BENEFIT FUND-1199 Occupation **EXECUTIVE DIRECTOR** Receipt For: Aggregate Year-to-Date Primary General 300.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number only)	<b>•</b>	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 26 (check only one)  11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UN	IION FEDERAL POLITICAL ACTION	FUND
Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST City	State Zip Code	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CHERRY HILL FEC ID number of contributing federal political committee.	NJ 08034	Amount of Each Receipt this Period  53.09  INTEREST INCOME
Name of Employer  Receipt For: Primary Other (specify)	Occupation  Aggregate Year-to-Date ▼  53.09	1

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	53.09
TOTAL This Period (last page this line number only)	•	53.09

State:

A.

District:

_	ALIEBUL E 5	/EEO E	<b>^</b> \/\															
SCHEDULE B (FEC Form 3X)		Use separate schedule(s) (check					LINE NUMBER: PAGE 8 k only one)											
IT	EMIZED DIS	BURSEMEN	TS		category of the Summary Page		X	21b 27	П	22 28a	ш	23 28b	$\Box$	24 28c		25 29	П	26 30b
	ny Information copied for commercial purp			•		•	•	•			•			_				
$\rangle$	NAME OF COMM 1199 SERVICE	TTEE (In Full) EMPLOYEES IN	T'L UNION	N FEDER	AL POLITICA	L AC	TIC	N FL	IND	)								
	Full Name (Last, Find HOROWITZ & U	•								Date o	of Dis	sburse	eme	B21B nt		09 0 ŏ 9	Y	
	Mailing Address	275 MADISON SUITE 902	AVENUE							0 5		2	9		, 2	009		
	City NEW YORK		_	State NY	Zip Code 10016					Amou	nt of	Each	Dis	burser	nen	t this P	erio	d
	Purpose of Disburs									L.	_				410	00.00	-	
	Candidate Name					1	ateg Typ	ory/ e										
	Office Sought:	House Senate President	Disburser	ment For: Primary Other (spe	General	•												

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	4100.00
TOTAL This Period (last page this line number only)	•	4100.00

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В.

District:

ago# 2000 1001211		
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		INE NUMBER: PAGE 9 / 26 only one)  D X 22
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNIO	N FEDERAL POLITICAL ACTION	FUND
Full Name (Last, First, Middle Initial) SEIU COPE FUND  Mailing Address 1313 L STREET, NW		Transaction ID: SB22.6800 Date of Disbursement  O 4
City WASHINGTON	State Zip Code DC 20005	Amount of Each Disbursement this Period
Purpose of Disbursement TRANSFER		948986.00
Candidate Name	Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) SEIU COPE FUND		Transaction ID: SB22.6801 Date of Disbursement
Mailing Address 1313 L STREET, NW		05 0 2 6 7 2 0 0 9
	State Zip Code DC 20005	Amount of Each Disbursement this Period
Purpose of Disbursement TRANSFER		505999.00
Candidate Name	Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1454985.00
TOTAL This Period (last page this line number only)	•	1454985.00

State:

A.

В.

President District:

lago# 2000 1001210		
SCHEDULE B (FEC Form 3X)		NE NUMBER: PAGE 10 / 26
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page  (check 21t	only one)  22
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION	I FEDERAL POLITICAL ACTION F	FUND
Full Name (Last, First, Middle Initial) TAKARA BUNN Mailing Address 200 BETHEL LOOP		Transaction ID: SB28A.6824 Date of Disbursement  0 5
APT. 6F	State Zip Code NY 11239	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION		105.00
Candidate Name	Category/ Type	
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼	
State: District: Full Name (Last, First, Middle Initial)		
MONICA KEITH		Transaction ID: SB28A.6826 Date of Disbursement
Mailing Address 1405 PARK AVENUE APT. 13D		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	State Zip Code NY 10029	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION		80.00
Candidate Name	Category/ Type	
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	185.00
TOTAL This Period (last page this line number only)	•	185.00

State:

SCH	IEDULE B (FEC Form 3	X)	arata aabaduls/-\	FOR LINE	NUMBER: PAGE 11/26	$\neg$
	MIZED DISBURSEMENT	for each	arate schedule(s) category of the Summary Page	(check only 21b 27	ly one)  22 23 24 25 26  28a 28b 28c X 29 30	
•	·	•		, , ,	for the purpose of soliciting contributions olicit contributions from such committee	
\	AME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES INT	'L UNION FEDER	AL POLITICAL .	ACTION FUN	ND	
11	ull Name (Last, First, Middle Initial)  199 SEIU DUES ACCOUNT  ailing Address 330 WEST 42NI	OCTOFFT TILE	LOOP		Transaction ID: SB29.6810 Date of Disbursement  0 5	
Ci		O STREET, 7TH F State NY	Zip Code 10036		Amount of Each Disbursement this Period	_
	urpose of Disbursement EFUND OF DEPOSIT INTO WRONG	ACCOUNT			423.89	
Ca	andidate Name			Category/ Type		
	ffice Sought: House Senate President  District:	Disbursement For: Primary Other (spe	General ecify) ▼			

SUBTOTAL of Disbursements This Page (optional)	•	423.89
TOTAL This Period (last page this line number only)	<u> </u>	423.89

(Use separate schedule(s) for each numbered line)

PAGE 12 / 26 F (c

OR LINE NUMBER:		
heck only one)		9
	Χ	10

	ME OF COMMITTEE (In Fi 99 SERVICE EMPLOYE	,	FEDERAL POLITICAL ACTION FUND	)	
	A. Full Name (Last, First, I 1199 SEIU UNITED HE		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
	Mailing Address 330 WE	ST 42ND STREE	Т		
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance Be	ginning This Period		Transaction ID: SD10.6240	
		8091.98			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	8091.98	
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
	Mailing Address 330 WE	ST 42ND STREE	Т		
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance Be	ginning This Period		Transaction ID: SD10.6241	
		65588.32			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	65588.32	
	C. Full Name (Last, First, I 1199 SEIU UNITED HE			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
	Mailing Address 330 WE	ST 42ND STREE	Т		
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance Be	ginning This Period		Transaction ID: SD10.6242	
		14545.49			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	14545.49	
1)	SUBTOTALS This Period	I This Page (optional)		88225.79	
2)	TOTALS This Period (last	page this line number	r only)		
3)	TOTAL OUTSTANDING L	OANS from Scheo	dule C (last page only)		
4)	ADD 2) and 3) and carry	forward to appropriate	e line of Summary Page (last page only)	<b>&gt;</b>	

(Use separate schedule(s) for each numbered line)

PAGE 13 / 26 FOR LINE NUMBER: (check only one)

9

	·			
1199 SERVICE EMPL	LOYEES IN	I'L UNION FEDERAL	_ POLITICAL	ACTION FUND

Exc	luding Loans			numbered line)	X 10		
NA	ME OF COMMITTEE (	In Full)					
11	99 SERVICE EMPL	OYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND			
_							
		rst, Middle Initial) of Debtor		Nature of Debt (F			
	1199 SEIU UNITED	HEALTHCARE WORK	ERS EAST	REIMBURSE :   AND BENEFIT	STAFF SALARIES		
+	M ''' A L L	WEST AND STREET	7 IND BEINEITI				
	Mailing Address 330	WEST 42ND STREET					
H	City	State	ZIP Code				
	NEW YORK	NY	10036				
ŀ					00.40.0040		
	Outstanding Balance	Beginning This Period		Transact	tion ID: SD10.6243		
		3157.42					
	Amount Incur	rred This Period	Payment This Period	Outstanding Ba	lance at Close of This Period		
	7 tilloditt tillodi	• • • • • •		Outotaining Da			
		0.00	0.00		3157.42		
ļ							
		rst, Middle Initial) of Debtor		Nature of Debt (F	Purpose):		
	1199 SEIU UNITED	HEALTHCARE WORK	ERS EAST	REIMBURSE :   AND RENEFIT	STAFF SALARIES S		
ŀ	Matter Address 000	MEST AND STREET		, "(B BE(12) ) !			
	Mailing Address 330	WEST 42ND STREET					
ŀ	City	State	ZIP Code				
	NEW YORK	NY	10036				
Ī	Outstanding Balance	e Beginning This Period		Tuanaaa	tion ID: SD10.6244		
	Outstanding Dalance	1 1 1 1		Transac	(1011 ID: 3D 10.0244		
		56833.56					
	Amount Incur	rred This Period	Payment This Period	Outstanding Ba	lance at Close of This Period		
		0.00	0.00		56833.56		
		0.00	0.00		30033.30		
ŀ	C Full Name (Leat Fi	rst, Middle Initial) of Debtor	or Craditor	Nature of Dobt (	Qurnoco):		
		HEALTHCARE WORK			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES		
		,,		AND BENEFIT	S		
Ī	Mailing Address 330	WEST 42ND STREET					
	City	State	ZIP Code				
-	NEW YORK	NY	10036				
	Outstanding Balance	e Beginning This Period		Transact	tion ID: SD10.6245		
		82522.06					
		02322.00					
	Amount Incur	rred This Period	Payment This Period	Outstanding Ba	lance at Close of This Period		
		0.00	0.00		82522.06		
1)	SUBTOTALS This Po	eriod This Page (optional)		<b>&gt;</b>	142513.04		
2)	TOTALS This Period (	last page this line number o	nly)	<u> </u>			
3)	TOTAL OUTSTANDIN	IG LOANS from Schedul	e C (last page only)	•			
۸۱	ADD 0) and 0) and :	orny fonyord to animamist - 1	no of Cummon, Dogo (last assessed )	<b>—</b>			
4)	ADD 2) and 3) and ca	arry rorward to appropriate iii	ne of Summary Page (last page only)				

(Use separate schedule(s) for each numbered line)

PAGE 14 / 26 FOR LINE NUMBER: (check only one)

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1199 SERVICE EMPLOYEES	I'TNI	UNION FEDERAL	POLITICAL	<b>ACTION</b>	FUND
1133 OLITVIOL LIVII LOTELO			OLITIO/\L	71011011	1 OIVD

	PF COMMITTEE ( ERVICE EMPL		FEDERAL POLITICAL ACTION FUN	D	
		rst, Middle Initial) of Debt HEALTHCARE WOR	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
Mailir	ng Address 330	WEST 42ND STREE	T		
City NEW	V YORK	State NY	ZIP Code 10036		
Οι	utstanding Balance	Beginning This Period		Transaction ID: SD10.6246	
		78033.76			
	Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	78033.76	
		rst, Middle Initial) of Debt HEALTHCARE WOR		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailir	ng Address 330	WEST 42ND STREE	ET .		
City NEW	V YORK	State NY	ZIP Code 10036		
Οι	utstanding Balance	Beginning This Period		Transaction ID: SD10.6247	
		2812.96			
	Amount Incu	red This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	2812.96	
	, .	rst, Middle Initial) of Debt HEALTHCARE WOR		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailir	ng Address 330	WEST 42ND STREE	ET .		
City NEW	V YORK	State NY	ZIP Code 10036		
Οι	utstanding Balance	e Beginning This Period		Transaction ID: SD10.6248	
		5095.64			
	Amount Incu	red This Period	Payment This Period	Outstanding Balance at Close of This Period	
L		0.00	0.00	5095.64	
1) SUB	TOTALS This P	eriod This Page (optional)	)	▶ 85942.36	
2) TOT	ALS This Period (	last page this line numbe	er only)	<b>&gt;</b>	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
3) TOT	AL OUTSTANDIN	IG LOANS HOIT SCHE	duic o (last page of ly)		

(Use separate schedule(s) for each numbered line)

PAGE 15 / 26 FOR LINE NUMBER: 9 (check only one) X 10

1199 SERVICE EMPL	OYFES INT'I	UNION FEDERAL	POLITICAL	<b>ACTION FUND</b>
TIOS OLITAIOL LIVII L			I OLITIOAL	ACTION TOND

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L U	NION FEDERAL POLITICAL ACTION FUN	D			
A. Full Name (Last, First, Middle Initial) of 1199 SEIU UNITED HEALTHCARE	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS				
Mailing Address 330 WEST 42ND S	TREET				
City State NEW YORK NY	ZIP Code 10036				
Outstanding Balance Beginning This P	eriod	Transaction ID: SD10.6249			
12962.04					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	12962.04			
<b>B.</b> Full Name (Last, First, Middle Initial) of 1199 SEIU UNITED HEALTHCARE		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS			
Mailing Address 330 WEST 42ND S	TREET				
City State NEW YORK NY	ZIP Code 10036				
Outstanding Balance Beginning This P	Period	Transaction ID: SD10.6284			
10997.70					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	10997.70			
C. Full Name (Last, First, Middle Initial) of 1199 SEIU UNITED HEALTHCARE		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS			
Mailing Address 330 WEST 42ND S	TREET				
City State NEW YORK NY	ZIP Code 10036				
Outstanding Balance Beginning This P	Period	Transaction ID: SD10.6285			
7231.75					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	7231.75			
1) SUBTOTALS This Period This Page (o	ptional)	31191.49			
2) TOTALS This Period (last page this line	number only)	<b>&gt;</b>			
3) TOTAL OUTSTANDING LOANS from	) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to app	ropriate line of Summary Page (last page only)	<b>&gt;</b>			

(Use separate schedule(s) for each numbered line)

PAGE 16 / 26 FOR LINE NUMBER: 9 (check only one) X 10

1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL	POLITICAL	<b>ACTION FUND</b>

	OMMITTEE (In Full) VICE EMPLOYEES INT'L UNI	ON FEDERAL POLITICAL ACTION FUND	)
	Name (Last, First, Middle Initial) of E EIU UNITED HEALTHCARE W	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing A	ddress 330 WEST 42ND STF	REET	
City NEW Y	State ORK NY	ZIP Code 10036	
Outsta	nding Balance Beginning This Peri	od	Transaction ID: SD10.6286
	3434.67		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	3434.67
	Name (Last, First, Middle Initial) of E EIU UNITED HEALTHCARE W		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing A	ddress 330 WEST 42ND STF	REET	
City NEW Y	State ORK NY	ZIP Code 10036	
Outsta	anding Balance Beginning This Peri	od	Transaction ID: SD10.6287
	16789.92		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	16789.92
I	Name (Last, First, Middle Initial) of E EIU UNITED HEALTHCARE W		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing A	ddress 330 WEST 42ND STF	REET	
City NEW Y	State ORK NY	ZIP Code 10036	
Outsta	anding Balance Beginning This Peri	od	Transaction ID: SD10.6288
	9286.03		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	9286.03
1) SUBTOT	ALS This Period This Page (option	onal)	29510.62
2) TOTALS	This Period (last page this line nu	mber only)	<b>&gt;</b>
3) TOTAL (	OUTSTANDING LOANS from S	chedule C (last page only)	<b>&gt;</b>

(Use separate schedule(s) for each numbered line)

PAGE 17 / 26 FOR LINE NUMBER: (check only one) 9

Excluding Loans
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Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION F	UND	
A. Full Name (Last, First, Middle Initial) of Debtor AMERICAN EXPRESS	or Creditor	Nature of Debt (Purpo CATERING	ose):
Mailing Address P.O. BOX 2855			
City State NEW YORK NY	ZIP Code 10116-2855		
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6289
240.00			
Amount Incurred This Period	Payment This Period	Outstanding Palana	at Class of This Bariad
		Outstanding Balance	e at Close of This Period
0.00	0.00		240.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor AVIS RENT A CAR SYSTEM, INC.	or Creditor	Nature of Debt (Purpo TRAVEL EXPENS	
Mailing Address 7876 COLLECTIONS CTR	DRIVE		
City State CHICAGO IL	ZIP Code 60693		
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6540
1156.12		Hallsaction	<b>D.</b> OD 10.05+0
Amount Incurred This Period	Payment This Period	Outstanding Palance	e at Close of This Period
		Outstanding Balance	
0.00	0.00		1156.12
C. Full Name (Last, First, Middle Initial) of Debtor JENNY BAUER	or Creditor	Nature of Debt (Purpo REIMBURSEMEN EXPENSES	ose): T FOR CATERING
Mailing Address 2 WILCOTT PARK			
City State MEDFORD MA	ZIP Code 02155		
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6541
43.65			
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period
0.00	0.00		43.65
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	1439.77
2) TOTALS This Period (last page this line number o	nly)	<b>&gt;</b>	
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)	- <b>.</b>	

(Use separate schedule(s) for each numbered line)

PAGE 18 / 26 FOR LINE NUMBER: (check only one) 9

Excluding	j Loans
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1199 SERVICE EMPLOYEES	I'TNI	UNION FEDERAL	POLITICAL	ACTION F	UND
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Ξхс	luding Loans			numbered line)	X 10
	ME OF COMMITTEE (In F				
119	99 SERVICE EMPLOY	EES INT'L UNION F	EDERAL POLITICAL ACTION I	FUND	
_					
	A. Full Name (Last, First,	Middle Initial) of Debtor	or Creditor	Nature of Debt	
	LILLIAN CARINO			EXPENSES	EMENT FOR TRAVEL
$\vdash$	Mailian Adduses 007.0A	INT NICHOL AC AV			
	Mailing Address 327 SA		ENUE		
H	APT. 2N  City State ZIP Code				
	NEW YORK	NY	10027-3609		
F				_	
	Outstanding Balance Be	ginning This Period		Transa	ction ID: SD10.6508
		45.00			
	Amount Incurred	This Pariod	Payment This Period	Outstanding I	Balance at Close of This Period
	Amount incurred	THIS FEHOU	rayment mis renou	Outstanding t	Salarice at Close of This Feriod
		0.00	0.00	.	45.00
L					
	B. Full Name (Last, First,		or Creditor	Nature of Debt	(Purpose):
-   .	ANTONELLA PECHTE	L		REIMBURSE PENSE	EMENT CATERING EX-
-				FEINSE	
	Mailing Address 401 RC	SE AVE			
H	O:t.	Ctata	ZIP Code		
- 1	City SCHENECTADY	State NY	12308		
H	Outstanding Balance Beginning This Period				
	Outstanding Balance Be	ginning This Period		Transa	ction ID: SD10.6531
		201.39			
	Amount Inquired	This Davied	Downant This Davied	Outstanding [	Palamas at Class of This Davied
	Amount Incurred	Triis Period	Payment This Period	Outstanding t	Balance at Close of This Period
		0.00	0.00		201.39
L					
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			or Creditor	Nature of Debt	
	SEIU COMMUNICATIONS CENTER INC.			PHONE BAN	IKING
-					
	Mailing Address 330 WI	EST 42ND STREET			
H	City	State	ZIP Code		
	NEW YORK	NY	10036		
$\perp$			10000		
	Outstanding Balance Be	ginning This Period		Transa	ction ID: SD10.6785
		1892.88			
	Amount Incurred	This Period	Payment This Period	Outstanding F	Balance at Close of This Period
	Amount incurred	Tilis i cilod		Outstanding I	Salarice at Glose of This Feriod
		0.00	1892.88		0.00
					246.39
1)	SUBTOTALS This Period	d This Page (optional)			246.39
٥,	TOTALO TEL Deste de de	none this line work		<b></b>	
2)	IOTALS This Period (last	page this line number of	only)	_	
٥,	TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
رد	TOTAL OUTSTANDING L	.CANS HOIL SCHEOU	ie O (last page Ully)		
4)	ADD 2) and 3) and carry	forward to appropriate li	ne of Summary Page (last page only)	<b>-</b> ▶   ; ; ;	
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(Use separate schedule(s) for each numbered line)

PAGE 19 / 26 FOR LINE NUMBER: (check only one)

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	1199 SERVICE EMPL	OYFES INT'I	UNION FEDERAL	POI ITICAL	<b>ACTION FUND</b>
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Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION F	UND	
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purp	
UNION TRAVEL MASTERCARD		CATERING EXPE	INSES
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6517
1897.47			
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period
0.00	0.00		1897.47
B. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD	or Creditor	Nature of Debt (Purp CATERING EXPE	
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6518
1849.15			
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period
0.00	0.00		1849.15
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD	or Creditor	Nature of Debt (Purp BEVERAGE EXP	
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6519
835.02			
Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period
0.00	0.00		835.02
SUBTOTALS This Period This Page (optional)		<b>•</b>	4581.64
2) TOTALS This Period (last page this line number of		- -	
3) TOTAL OUTSTANDING LOANS from Schedu	lle C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last page only)	- <b>-</b>	

(Use separate schedule(s) for each numbered line)

PAGE 20 / 26 FOR (che

R LINE NUMBER: eck only one)		9	
ock only one,	Х	10	

**Excluding Loans** 

	ME OF COMMITTEE (In Fu 99 SERVICE EMPLOYE	,	N FEDERAL POLITICAL ACTION FUND	)		
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES		
	Mailing Address P.O. BC	00088 XC				
	City BALTIMORE	State MD	ZIP Code 21288			
	Outstanding Balance Beginning This Period			Transaction ID: SD10.6520		
		435.95				
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period		
		0.00	0.00	435.95		
	B. Full Name (Last, First, MUNION TRAVEL MAST		otor or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES		
	Mailing Address P.O. BC	X 88000				
	City BALTIMORE	State MD	ZIP Code 21288			
	Outstanding Balance Beg	ginning This Period	Transaction ID: SD10.6521			
		1056.95				
	Amount Incurred <sup>-</sup>	This Period	Payment This Period	Outstanding Balance at Close of This Period		
		0.00	0.00	1056.95		
	C. Full Name (Last, First, MUNION TRAVEL MAST		otor or Creditor	Nature of Debt (Purpose): CATERING EXPENSES		
	Mailing Address P.O. BC	0X 88000				
	City BALTIMORE	State MD	ZIP Code 21288			
	Outstanding Balance Beg	ginning This Period		Transaction ID: SD10.6522		
		2372.04				
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period		
		0.00	0.00	2372.04		
1)	SUBTOTALS This Period	This Page (optiona	и)	3864.94		
2)	TOTALS This Period (last	page this line numb	er only)	<b>&gt;</b>		
3)	TOTAL OUTSTANDING LO	OANS from Scho	edule C (last page only)	<b>&gt;</b>		
4)	) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					

(Use separate schedule(s) for each numbered line)

PAGE 21 / 26 FOR LINE NUMBER: (check only one)

Excluding	Loans
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NAME OF COMMITTEE (I 1199 SERVICE EMPLO	,	EDERAL POLITICAL ACTION FUN	ID	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address P.O.	BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	Beginning This Period		Transaction ID: SD10.6533	
	367.37			
Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Per	
	0.00	0.00	367.37	
B. Full Name (Last, Fir UNION TRAVEL MA	st, Middle Initial) of Debtor STERCARD	or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address P.O.	BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	Beginning This Period		Transaction ID: SD10.6535	
Odistariding Balance	262.40		Transaction id: 5D10.0535	
Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	262.40	
C. Full Name (Last, Fir UNION TRAVEL MA	st, Middle Initial) of Debtor STERCARD	or Creditor	Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O.	BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	Beginning This Period		Transaction ID: SD10.6536	
	477.00			
Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	477.00	
1) SUBTOTALS This Pe	eriod This Page (optional)		1106.77	
2) TOTALS This Period (I	ast page this line number o	only)	<b>&gt;</b>	
3) TOTAL OUTSTANDING	G LOANS from Schedu	le C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and ca	rry forward to appropriate li	ine of Summary Page (last page only)	<b>&gt;</b>	

(Use separate schedule(s) for each numbered line)

PAGE 22 / 26 FOR LINE NUMBER: 9 (check only one) X 10

ALCO OFFICIAL COVERS INT	LINUONIEEDEDAL	DOLUTION!	A OTION FUND
1199 SERVICE EMPLOYEES INT'	L UNION FEDERAL	. POLITICAL	ACTION FUND

NAME OF COMMIT 1199 SERVICE EI		FEDERAL POLITICAL ACTION FUNI	)	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address	P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Ba	alance Beginning This Period		Transaction ID: SD10.6537	
	524.80			
Amount	Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	524.80	
	ast, First, Middle Initial) of Debtor L MASTERCARD	r or Creditor	Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address	P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Ba	alance Beginning This Period		Transaction ID: SD10.6538	
	1115.00			
Amount	Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	1115.00	
	ast, First, Middle Initial) of Debtor L MASTERCARD	r or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address	P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Ba	alance Beginning This Period		Transaction ID: SD10.6539	
	419.84			
Amount	Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	419.84	
1) SUBTOTALS T	his Period This Page (optional)		2059.64	
2) TOTALS This Pe	eriod (last page this line number	only)	<b>&gt;</b>	
3) TOTAL OUTSTA	NDING LOANS from Schedu	ule C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) a	and carry forward to appropriate	line of Summary Page (last page only)	<b>&gt;</b>	

(Use separate schedule(s) for each numbered line)

PAGE 23 / 26 FOR LINE NUMBER: 9 (check only one) X 10

1199 SERVICE EMPL	OYFFS INT'I	UNION FEDERAL	POLITICAL	<b>ACTION FUND</b>

NAME OF COMMITTEE ( 1199 SERVICE EMPL		FEDERAL POLITICAL ACTION FUNI	)	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRANSPORTATION COSTS	
Mailing Address P.C	. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	e Beginning This Period		Transaction ID: SD10.6545	
	539.45			
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	539.45	
B. Full Name (Last, F UNION TRAVEL MA	irst, Middle Initial) of Debt ASTERCARD	or or Creditor	Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.C	. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	e Beginning This Period		Transaction ID: SD10.6546	
	2552.60			
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	2552.60	
C. Full Name (Last, F UNION TRAVEL MA	irst, Middle Initial) of Debt ASTERCARD	or or Creditor	Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.C	. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	e Beginning This Period		Transaction ID: SD10.6548	
	3224.16			
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	3224.16	
1) SUBTOTALS This P	eriod This Page (optional)	)	6316.21	
2) TOTALS This Period	(last page this line numbe	er only)	<b>&gt;</b>	
3) TOTAL OUTSTANDIN	IG LOANS from Schee	dule C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and c	arry forward to appropriate	e line of Summary Page (last page only)	<b>&gt;</b>	

(Use separate schedule(s) for each numbered line)

PAGE 24 / 26 FOR LINE NUMBER: (check only one) X 10

**Excluding Loans** 

1199 SERVICE EMPL	OYFES INT'I	UNION FEDERAL	POLITICAL	<b>ACTION FUN</b>	VΠ
THE COLUMN TO LEGISTRE				/ 10 1 10 1 1 OI	10

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

<b>A.</b> Full Name (Last, F US POSTMASTER	irst, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): POSTAGE FOR MEMBERSHIP MA-ILING
Mailing Address 421	8TH AVENUE, JAF W	VINDOW #76	
City NEW YORK	State NY	ZIP Code 10199	
Outstanding Balanc	e Beginning This Period		Transaction ID: SD10.6784
Amount Incu	913.00 rred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	913.00	
<b>SUBTOTALS</b> This F	eriod This Page (optional).		0.00
		only)	

396998.66

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE 25 / 26
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC-	FEC IDENTIFICATION NUMBER
AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
BENCOM LLC	M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
928 BROADWAY, SUITE 903	3300.00
City State Zip Code	Transaction ID: SE.6855
NEW YORK NY 10010	Office Sought: X House State: NY
Purpose of Expenditure	Senate District: 20
CARD DESIGN-THIS IND- EP.EXP.OCCURED ON 3/-	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
SCOTT MURPHY	Disbursement For: Primary General
	X Other (specify) : Special-General
Calendar Year-To-Date Per Election 477113.24	2009
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
CONSOLIDATED COLOR PRESS, INC.	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Amount
307 SEVENTH AVENUE	4861.70
STE. 602	Transaction ID: SE.6856
City State Zip Code NEW YORK NY 10001	Office Sought: X House State: NY
Purpose of Expenditure	Senate District: 20
	Presidential
PRINTING MAILERS-THIS INDEP.EXP.OCCURED ON	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
SCOTT MURPHY	Disbursement For: Primary General
	X Other (specify) : Special-General
Calendar Year-To-Date Per Election 481974.94	2009
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	8161.70
(-)	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
KEVIN FINNEGAN Date 0.7	31 2009
Signature	

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EX	PENDITURES			PAGE 26 / 26 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION F AL ACTION FUND	FEDERAL POLITIC-			C C00348540
Check if 24-hour notice 48-l	hour notice			
Full Name (Last, First, Middle, Initial) of Pay	/ee		Date	
SEIU COMMUNICATIONS CENTER INC			M M /	D 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
330 WEST 42ND STREET				1892.88
City	State 2	Zip Code		n ID: SE.6814
NEW YORK	NY	10036	Office Sought	
Purpose of Expenditure PHONE BANKING	Catego Ty			Senate District: 20 Presidential
Name of Federal Candidate supported or O	pposed by expenditure:		Check One:	X Support Oppose
30011 MOITI III			Disbursemen	t For: Primary General
Colonday Voor To Doto Day Floation			X Othe	er (specify) : <u>Special</u> -General
Calendar Year-To-Date Per Election for Office Sought	473	3813.24	2009	
for Office Sought				
Full Name (Last, First, Middle, Initial) of Pay	/ee		Date	
US POSTMASTER			M M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
421 8TH AVENUE, JAF WINDOW #	:76		Transaction	913.00 n ID: SE.6815
City		Zip Code		
NEW YORK	NY ·	10199	Office Sough	Senate District: 20
Purpose of Expenditure	Catego	ory/		Presidential
POSTAGE FOR MEMBERSH- IP MAILING	Ту	pe		
Name of Federal Candidate supported or O	pposed by expenditure:		Check One:	X Support Oppose
SCOTT MURPHY			Disbursemen	t For: Primary General
				•
Calendar Year-To-Date Per Election	47	7113.24	2009	er (specify) : <u>Special</u> -General
for Office Sought		7110.24		
(a) SUBTOTAL of Itemized Independent Expe	enditures			2805.88
(b) SUBTOTAL of Unitemized Independent E	xnenditures			
(0,000				
(c) TOTAL Independent Expenditures				10967.58
Under penalty of perjury I certify that the independor at the request or suggestion of, any candidate o committee) any political party committee or its age	r authorized committee or ag			
		M M	D D	Y * Y * Y * Y
KEVIN FINNEGAN		Date 07		2009
Signature				